

ACH STOP PAYMENT REQUEST ORDER

Today's Date: _____ Time: _____ a.m./p.m.

Account Number: _____ Account Type: _____

Member Name: _____ Transaction Amount \$ _____

Payable To: _____ Expected Clearing Date: _____

Stop One ACH Payment – Terms and Conditions

On the terms hereinafter set out, the undersigned account holder hereby instructs _____ (credit union name), hereinafter called "the credit union" to stop payment on the above transaction. The stop payment order shall remain for 1) Until the member revokes, or 2) the item is presented and returned as an R08.

Stop Payment for Recurring PPD or WEB Entry ONLY – Terms and Conditions

On the terms hereinafter set out, the undersigned account holder instructs _____ (credit union) to stop payment on the above transaction(s).

The account holder authorized _____ (company name) to originate one or more ACH entries to debit funds from the above account , but on _____, 20____, revoked that authorization by notifying _____ (company name) on _____, 20____ in the manner specified in the authorization.

The account holder agrees to provide the Credit Union with written confirmation of the revocation _____ (company name) within 14 calendar days from today's date. If the Credit Union does not receive the required written confirmation, then it will honor subsequent debits to the account.

A charge, as reflected, will be assessed to the accountholder as payment for implementing this order. Fees Assessed \$ _____

By directing the Credit Union to stop payment on the above transaction(s) the accountholder agrees to hold the Credit Union harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that the Credit Union may suffer or incur by reason of non-payment of the above transaction if present prior to withdrawal of these instructions or expiration thereof.

The accountholder understands that the stop payment request must be received at least three (3) business days before a schedule debit(s) or in the time to give the Credit Union reasonable time to act upon it.

The accountholder also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in the payment request must be received at least three (3) business days before a scheduled debit(s) or in time to give the Credit Union reasonable time to act upon it.

The account holder agrees to hold harmless and indemnify the Credit Union for all expenses, costs, and damages incurred by payment of the above item(s) if such payment is the result of failure of the account holder to meet the time requirements noted above, or if such payment is the result of failure of the accountholder to furnish any item of information requested above completely, accurately and correctly.

I further state that the debit transaction(s) was not originated with fraudulent intent by me or any person acting in concert with me, that the signature below is my own proper signature. I certify under penalty of perjury that the foregoing is true and correct.

Date Member's Signature

FOR CREDIT UNION USE ONLY

Date _____ Fee \$ _____ Teller # _____ Branch _____